Form prescribed by Comptroller General U.S. September 7.41 U.S. BLIC VOICHER FOR BURCHASES ACCOMMON September 7.41 U.S. BLIC VOICHER FOR BURCHASES ACCOMMON September 7.41 U.S. BLIC VOICHER FOR BURCHASES ACCOMMON SERVICES OTHER THAN PERSONAL Bu. (Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1952)  U.S. (Department, bureau, or establishment)					Page 1 of 1 PAID BY			
Voucher prepared at		(Give place and date)			-			
THE UNITED STATES, Dr		e's Account No.						
1111 0111111111111111111111111111111111	., 2 wy oc						,	
To		. Ramo Wooldridge In	c.		-			
	`-	os Angeles 45, Cali	fornia					
	(Address)	(City)	(State)					
No. and Date of Date of Deli	very (Enter description,	RTICLES OR SERVICES item number of contract or Federa	al supply	ALLA MITTER	UNIT PRICE		AMOUNT	
Order or Service	schedule, and o	description, item number of contract or Federal chedule, and other information deemed necessar Terms  Invoice No		QUANTITY -	Cost	Per	Dollars Cts	
		2415					9,573	90
		2416					309	11
		54T.\					6,762	41
		2425					1.628	82
		2426				l	9,776	83
		2427					1,132	37
PAYMENT:		5750					1,307	5)
Complete		5/130			,		191	88
Partial								
Final		ntinuation sheet(s) if necessary		<u> </u>			00 ((0	_
Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  Order  (Payee must No.)				must NOT	use this	Total	39,660	32
	(Sign original only)						i	
Date* Payee	/	cortificate is made by payee on attached bill or bills				•	200-1-1	
	.*·		Amount	verified;			39,660	3
7 7 7 7	Title L Date	Reg. No.	(Signate	re or initia		nvoice Rec'	1	
Contract No. A-10.	L Date	Reg. No.	Dat	e		nvoice Nec	u <b>.</b>	
Pursuant to authority vested in	me, I certify that this account	is correct and proper for pay						
† Approved for \$	780	<b>†</b>						
	•	SIGN						
Ву	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ORIGINAL 7 ONLY						
Title		T						
		WHEN PURCHASES ARE MADE OR SERVICES	SECURED WITHOUT	WRITTEN AC	REEMENT I	IN ANY FORM	STATIN	ITI
							OIAIIN	
AC	COUNTING CLASSIFICATION	N (Appropriation Symbol must be	shown; other	classificati	on optior	nal)		
							* *	
					, _	-		ae in
Paid by {		, 19, for \$			favor	easurer of t	he United Stat med above	co m
Paid by { Cash, \$	, on			·	favor	of payee na	imed above.	